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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/682,054			ing Date 09/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A		N/A		N/A	TEE (a)		N/A	TEE (8)		
П	SEARCH FEF	or (c))	N/A		N/A	ı	N/A			N/A			
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A			N/A			
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =			
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		OIL	x s =			
(37	CFR 1.16(h))	If the	If the specification and drawing		ne evened 100	ı	A # -			A -			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	the difference in col	r "0" in column 2.		TOTAL		l '	TOTAL						
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	09/14/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	* 59	Minus	<b>~</b> 68	= 0		X \$25 =	0	OR	x s =			
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	l	X \$100 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT	05/22/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.1601)	- 59	Minus	<b></b> 68	= 0	i	X \$25 =	0	OR	x s =			
M	Independent (37 CFR 1,16(h))	* 3	Minus	<b>***</b> 3	= 0	1	X \$105 =	0	OR	x s =			
ä	Application Size Fee (37 CFR 1.16(s))								ı				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
•							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.													

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